

**TRAVEL EXPENSE CLAIM**

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Daniel Ketchell		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Special Assistant to the Governor		CB/D NUMBER		DIVISION OR BUREAU Executive Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT	
19-Feb	5:30 PM	Sacramento						173.70				0.00	173.70
20-Feb		Los Angeles-DC					6.00					0.00	6.00
21-Feb		Washington, DC					6.00					0.00	6.00
22-Feb		DC-LA	244.81				6.00					0.00	250.81
23-Feb		Los Angeles	244.81	6.00		18.00	6.00					0.00	274.81
24-Feb	2:00 PM	LA-San Jose			10.00		6.00					0.00	16.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			489.62	6.00	10.00	18.00	30.00	173.70	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

\$727.32

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffing the Governor in Los Angeles, in Washington DC for the NGA meetings, and in  
Los Angeles and San Jose.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240918

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 2-24-10	SIGNATURE	DATE 3/1/10
SIGN	EQUAL EXPENSES		DATE